MDR: M4-03-6475-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled <u>Medical Dispute Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a Medical Fee Dispute</u>, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/28/03.

## I. DISPUTE

Whether there should be reimbursement for dates of service 4/26/02 through 7/24/02. The Carrier denied reimbursement as "G U693 – By clinical practice standards, this procedure is incidental to the related primary procedure billed."

## II. FINDINGS

Date of service 4/26/02 is not eligible for review. Based on TWCC Rule 133.307 (d) (1), a request for medical dispute resolution shall be considered timely if it is filed with the Division no later than one year after the date of service in dispute.

## III. RATIONALE

The Requestor on 6/3/03 and 12/17/03, submitted to the Division by facsimile, a request to withdraw the following dates of service and CPT codes:

<u>CPT code 64550</u> - 5/7/02; <u>CPT code 99213</u> - 5/10/02, 5/14/02, 5/15/02, 5/17/02, 5/21/02, 5/28/02, 6/3/02, 6/5/02, 6/24/02, 6/28/02, 7/1/02, 7/2/02, 7/3/02, 7/8/02, 7/10/02, 7/16/02, 7/17/02, 7/19/02, 7/22/02 7/24/02; <u>CPT code 99211</u> - 5/30/02; <u>CPT code 99214</u> - 5/31/02

Based on the withdrawal for the above dates of service, these will not be considered for review. The only CPT code remaining in dispute is CPT code 97124.

Pursuant to MFG Medicine Ground Rule (I)(A)(10)(a), CPT code 97124 x 17 units in dispute is not global to any other procedure performed on these dates of service. Therefore, reimbursement of \$476.00 is recommended (17 units of CPT code 97124 x \$28.00 = 476.00).

## IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 97124 in the amount of \$476.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$476.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18<sup>th</sup> day of December 2003.

Pat DeVries Medical Dispute Resolution Officer Medical Review Division

PD/pd